LUIZZZ

PATENT APPLICATION FEE DETERMINATION RECORD

Effectiv December 8, 2004

101.53390/

Application or Docket Number

2005-0770A

<u>_</u>		ب سبب										
		CLAIMS	AS FILED	PARTI				SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY	
<u> </u>			(Colum	nn 1)	(Column 2)		-			- 0		CHILL
U.S. NATIONAL STAGE FEES							1	RATE	FEE		RATE	FEE
ВА	SIC FEE		SMALL EN	r. = \$ 150	LAR	GE ENT. = \$ 300		BASIC FEE		OR	BASIC FEE	300
EΧ	AMINATION F	EE	Satisfies PCT / (4) = \$ 50	• •		other situations = \$ 100 / \$ 200]	EXAM. FEE		1	EXAM. FEE	200
SEARCH FEE			U.S. is ISA = ALL other co \$ 200 / 1	ountries =		ther situations = \$ 250 / \$ 500		SEARCH FEE			SEARCH FEE	400
FEE FOR EXTRA SPEC. PGS.			7 min	ius 100 =		150 =		X \$ 125 =			X \$ 250 =	
10	TAL CHARGE	BLE CLAIMS	// m	inus 20 =	•	-		X \$ 25 =		OR	X \$ 50 =	
IND	EPENDENT C	LAIMS	/ n	ninus 3 =	•			X \$ 100 =		OR	X \$ 200 =	
MU	LTIPLE DEPEN	IDENT CLAIM PR	ESENT					+ \$ 180 =		OR	+\$ 360 =	
* If the difference in column 1 is less than zero, enter "0" in column 2							•	TOTAL		OR	TOTAL	IN)
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL E	NTITY	OR	OTHER SMALL E	
		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	EST BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MENDMENT	Total	. 7	Minus	-21	$\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline{\overline$	•		X \$ 25 =		OR	X \$ 50 =	
AMEN	independent	• /	Minus		3	- 0		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+ \$ 180 =		OR	+\$ 360 =	
								TOTAL ADOIT.	-	OR	TOTAL ADOIT.	
								rec (ret (
		(Column 1)		(Colum	n 2)	(Column 3)	_					<u> </u>
ENT 8	•	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOU PAID F	ER JSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		=	ſ	X \$ 25 =		OR	X \$ 50 =	
AMENDA	independent		Minus	***		8		X \$ 100 =		OR	X \$ 200 =	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						ſ	+ \$ 180 =		OR	+ \$ 360 =	
							1	FEE		OR	TOTAL ADDIT. FEE	
									•			
٠. ١	The Highest Nur	nn 1 is less than the wher Previously Paid	FOR IN THIS SP	ACE is less t	tan 20	, enter "20".				•		
•••1	The "Highest Nur	nber Proviously Paid bor Previously Paid (FOR IN THIS SP	ACE is less (han T,	enter "3".	n the	appropriate box	in column 1.		•	